## Indiana State Police Clandestine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	09/24/2013	Address:	506 LAFAYETTE AVE.
Incident #:	13ISPC009640		CRAWFORDSVILLE, IN
<b>County</b> :	MONTGOMERY		47933
Type of Laboratory Seizure (check one) Seizure Location (check all that apply)			
☐ Operational Lab ☐ Chemical/Glassware/Equipment (only) ☐ Dumpsite (only)		Residence Outbuilding Vehicle	☐ Hotel/Motel ☐ Open – No Structure ☐ Other:
(check all that	: Location (bedroom, kitchen, open air, of apply) or Birch Reaction(s): OPEN AIR	etc)	
Red Phosphorous/Iodine Reaction(s):			
Flammable Solvents:			
Water Reactive Metal (Lithium):			
Anhydrous Ammonia:			
Corrosive Acid: OPEN AIR			
Corrosive Base: OPEN AIR			
Other (item and location):			
Vehicle Info	rmation:		
Owner: VIN: Year:		Make: Model:	
☐ Yes ☑ No	age 18 discovered (check appropriate) (number present)  not present but evidence they reside	unclean Estimated le occurring:	tions of home: clean disarray
This report l	has been faxed* or emailed to the fo	llowing agencies th	at serve the location:
Fire Department City, Township or County <u>Crawfordsville FD</u> Fax: <u>765-364-5198</u> Health Department County: <u>Montgomery County</u> Fax: <u>765-361-3239</u> Department of Child Services Hotline: <u>dcshotlinereports@dcs.in.gov</u> Fax: 317-234-7595 or 317-234-7596			
	ormation regarding this methamphetan Officer: B. Russell Phon	nine laboratory, cont e <u>765-567-2125</u>	tact

\*This form is to be faxed to the Fire Department, Health Department and/or Department of Child Services listed within 24 hours of scene processing.